

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29454**

FILED SEP 19 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 818

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 90
c. LENGTH OF STAY (In this place) 30 Min.		e. STREET ADDRESS (If rural, give location) Route 4, Box 282	
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD		b. (Middle) LEE c. (Last) COOK	
4. DATE OF DEATH September 13 1955		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH March 17, 1909	
9. AGE (In years last birthday) 46		10. IF UNDER 1 YEAR Months 46 Days 46 Hours 46 Min. 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (City and State or Foreign Country) Near, Walnut Grove, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME S. L. Cook		13b. MOTHER'S MAIDEN NAME Ida Woodward	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 486-24-0974		17. INFORMANT'S SIGNATURE OR NAME George Cook, Springfield, Missouri ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basil Skull fracture ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures	
INTERVAL BETWEEN ONSET AND DEATH 1 hr 30"		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) N Hwy 65	
21c. (CITY, TOWN, OR TOWNSHIP) Near Fair Grove (COUNTY) Greene (STATE) Mo		21d. TIME OF INJURY Sept 13 1955 12:55 P	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by car while working on highway	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:15 P m., from the causes and on the date stated above.			
23a. SIGNATURE Edith Williams (Degree or title) _____		23b. ADDRESS Springfield, Mo.	
23c. DATE SIGNED Sept 14, 1955		24a. NAME OF CEMETERY OR CREMATORY Kelley Cemetery	
24b. DATE Sept 15, 1955		24c. LOCATION (City, town, or county) Near Ash Grove, Missouri	
24d. DATE REC'D BY LOCAL REG. 9-15-55		25. FUNERAL DIRECTOR'S SIGNATURE Alma Lohmeyer, Springfield, Mo ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bernard F. Wrig.....

Licensed Embalmer No. 429

P. O. Address Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.